9-45-15M

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04115 Reg. Dist. No. 190

930)

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Sound	20.
(If outside city or town limits, write RURAL and give nearest town)	State County County
How long in above place of death?	City or town
How long in above place of death?	
attral of Fourstave Harwood	Street No. allo f for LOCATION)
How tong in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME	
Mora Tertrude a	3. (b) Social Security Number 220 - 22 - 1173
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
To sola Willows	19
Monale white	20. DATE DF DEATH
6.(b) Name of husband or wife. Richard 7 anderso	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Jan 7 1947 10 May 10 19 47
7. Birth date of	and that I last saw h. 2. Zalive on
deceased (mo., day, yr.) # 45- 2 1870	Immediate cause of death
8. AGE: Years Months Days If less than one day	5000 1 da
57 3 8hrsmin.	
9. Birthplace and	Que to Ortania to perturion
9. Birthplace (Town, county, and state)	374
10. Usuat occupation.	Oue to Tare a Carting
11. Industry or business Stawart & C.	delar 1/16
	0 6 2 15
	Other conditions
13. Birthplace board o	(Include pregnancy within 3 months of death)
14. Malden name Bling wheth Thursday 15. Birthplace 22. C. Colonton and	Major findings of operations.
15. Birthplace ag. C. Calenton Wal	Oate of op.
n 20. 4. 0. (2. 1	Aulopsy results.
16. Interment of the second of	PHYSICIAN: Please underline the cause to which death should he charged statistically.
Address Harwood Pk. Ellerige und	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Oate thereof / Al / 13 / 94 / (month) (day) (year)	Accident, suicide, or homicide
J D. 116	
Cemetery or crematory.	Where did injury occur? (City or town) (County) (State)
Location Finederick Sinc Balitas	tnjured at home, farm, Industry, public place (where?)
Easton days	Means of Injury Injured at work?
18. Funeral director, ACALLAND AND AND AND AND AND AND AND AND AND	222
Address Chicatt Lity, Mid.	23. SIGNATURE Aller Drumbaugh
2 21 19 47 this 8 Big 900	M. D. or other
19. (Date rec day registrar) Registrar	Notress Date signed 5 / 4 /

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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04116

CERTIFICAT	E OF DEATH Reg. Dist. No. 175		
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town		
How long in hospital or institution?	2.(a) If veleran, name war		
3.(a) FULL NAME FLORENEE	BOSTON 3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced 2 warmed.	MEDICAL CERTIFICATION 20. DATE OF DEATH MEDICAL CERTIFICATION 20. DATE OF DEATH 1947 21 5:10 Am		
6.(b) Name of husband or wife Albert Beston 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Daya if less than one day 70 5 5 hrs. min. 9. Birthplace (Towns county, and state) 10. Usual occupation of house 12. Name 13. Birthplace 13. Birthplace 14. Maiden name Musclin I Vanishing 15. Birthplace 15. Birthplace 15. Birthplace 16. Bi	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.47. to May 15. 19.47. to May 15. 19.47. Immediate cause of death Clark Religion Elford Religion Due to Asperlement Considered Other conditions (Include pregnancy within 8 months of death) Major findings of operations. Date of op.		
Address Jesseys Tell 5-19-47 (Burial, cremation, or removal, Which?) Date thereof. (month) (day) (year)	Antopsy results		
Location Demagnatis Juntion Med 18. Funeral director T.P. Neg into them	Where did injury occur?		
19,5/17/47, 19 Trankshipley,	23. SIGNATURE JOHN STEPHENS M. D. or other M. D. or other M. D. or other Many 15 1947		

MARGIN RESERVED FOR BINDING

A15

PLEASE

(Date rec'd by registrar)



CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	mariland & Lantar of
City or town. (If outside city or town limits, write RURAL and give nearest town)	State County County
How long in above place of death? 2 months	City or town (If ontside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. Wayton Rd.
Dayton, Post office.	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Margaret Lee Bright	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female Black Single	20. DATE OF DEATH May 16 19 47 21 7AM
none	21. I CERTIFY that death occurred on the date above stated; that attended deceased from
6.(6) Name of husband or wite	man 16 19 47 10 may 16 19 4
7. Birth date of	and that I tast saw hole live on at no ting is
deceased (mo., day. yr.) June 14, 1921	Immediate came of death
8. AGE: Years Months Days If less than one day	
19 11 2hrsmin	Illmonary laine 10 mm
8. Birthplace Dayton Howard Co, mo	Due to.
(Town, county, and state)	1) / / D
10. Usual occupation.	Due to Lybar Melmionea 2day
11. Industry or business	
12 Name William Bright	• Differ conditions
12. Name William Bright 13. Rirthplace and Ocean	
	(Include pregnancy within 3 months of death)
14. Maiden name Stella Johnson 15. Dirthplace Md.	Major fieldings of operations.
₹ 15. Dirthplace	
16. Informant / Sugut.	Autopsy results
Address Danton Post This me	PHYSICIAN: Please underline the cause to which death should be charged statistically.
2. a. 1 / -10:417	22. VIOLENCE: If death was due to externat causes, till in the following:
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory. Brown o Chaptel	Where did injury occur?
Location Deep tow , med,	tnjured at home, farm, Industry, public place (where?)
DO Win Latter	Means of Injury Injured at work?
18. Funeral director	ashan Herbert ma
Address Ellicott City may,	23. SIGNATURE CUPNA NATURE
19. 5/18 1947 marie a. Whitake	DEPITY MEDICAL EXAMINER OF HOWARD COUNTY M. D. or other
(1) the mariety by mariety mar	Address (MCFU CH Majaje signed)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15



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UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH correct age is especially important.

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VS

CERTIFICATE OF DEATH

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Registered No. / 9/

1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:
(a) Baltimore City, Maryland (b) Street address Hill Top Cahing Wash. Blw	(a) State (b) County N
	(If outside dity town limits, write RURAL and give town)
Coast, Howard	(If outside dity town limits, write RURAL and give town) (d) Street No(If rural give location)
(d) Length of stay in hospital or inst. (yrs., mos., or days)	(If rural give location)
(e) Length of stay in Baltimore (yrs., mos., or days)	(e) Citizen of foreign country?(Yes or No) If yes, name country
3 (a) FULL NAME Winnifeed Ma	by Buchanan
3 (b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION 30
No.	20. DATE OF DEATH May 26, 1947, at /1 A. M
4. Sex 5. Color or race 6 (a) Single, married, widowed, or	
tenale white divorced.	21. I certify that I took charge of the remains described above, held an
6 (b) Name of husband or wife subnum	Autopsy Inspection of Inquiry
6 (c) If alive, give age years	by said Autopsy, Inspection or Inquiry, find that said deceased came
7. Birth date of deceased (mo., day, yr.) 1907	to her death on the day stated above, and death in my
8. AGE: Years Months Days If less than one day	opinion resulted from: natural causes , accident , suicide ,
40hrmin.	homicide [], undetermined [] and that the causes of death were:
a pintal Pelain .	IMMEDIATE CAUSE OF DEATH "Probable accident" (4/1/47-4)
9. Birthplace (Town, county, and state)	Extensive third degree burns
10. Usual Occupation Leukus	
11. Industry or business	covering practically all body surface
	Ducto Carbon monoxide poisoning
12. Name W J Miggue	Rt extradural hemorrhage
13. Birthplace	
14. Maiden Name Quina Whiting	Other Conditions
15. Birthplace	(Include pregnancy within 3 months of death)
16 (a) Informant W.J. Wifigues	22. If an external cause was primary or contributing cause of
(b) Address Phillipshing Ohio	death, fill in the following:
17 (a) Rumas (b) Date thereof 5-28-47 (Burial, cremation, or removal) (month) (day) (year)	(a) Date of injury
	(b) Where did injury occur?
(c) Cemetery or crematory	(c) Did injury occur at home, on farm, industrial place, in public
Location Elliate City mel	place?While at work?
18 (a) Funeral director 1. 1. Aug who chom	(d) Means of injury
(b) Address Ellisatt City Jud	23. Signature Along 5. Medical Examiner.
19 (a) May 28, 47 (b) Thus B Ling hear. (Date red by registrar)	Date signed 5 26

01 23.1111	Reg. Dist. No	
2. USUAL RESIDENCE (HOME) (For newborn infants give residence of	OF DECEASED:	2
State May Co	ounty Howard	
City or town(1f outside city or town limit	ts, write RURAL and give near	est town)
Street No. Montagon	ery hours	
	e LOCATION)	
2.(a) It veteran, name war	5	***************************************
	3. (b) Social Security 1	lumber
	1 vov	4
MEDICAL C	ERTIFICATION	
20. DATE OF DEATH May	28 19.4.7	16:15PM
21. I CERTIFY that death persurred on the date at		
mon 22 19	47 10 Way	28 19 Y
and that I last saw h.Lanna.alive on		Z19
Immediate cause of death		DURATION
		2/100
e Deep	- Landour	<u></u>
Due to.	e areno	27/
Due to		
	9	
Other conditions	7	2 7/20
(Include pregnancy within 3	months of death)	
Major findings of operations		
	Date ot op	
Antopsy results	which death should be charged a	statistically.
22. VIOLENCE: It death was due to external ca	auses, till in the tollowing;	
Accident, suicide, or homicide	Date ot	
Where did injury occur?(City or town)	(County)	(State)
Injured at home, tarm, Industry, public place		
Means of Injury	Injured at work?	
		//

JUN 6 1947

MARGIN RESERVED FOR BINDING

WITH UNFADING INK. Supply every item of information carefully. The correct important. Physicians: please write the causes of death clearly and legibly.

WRITE PLAINLY, is especially PLEASE VS A15

19. May 2. 0, 19 4 7. (Date fee'd) y registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

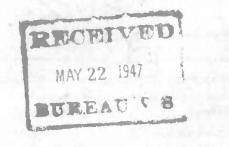
2411 N. Charles St., Baltimore

04120

CERTIFICATE OF DEATH

	Keg. Diat. No
1. PLACE OF DEATH: County Alaward	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State Mary Land County Dearth County Office (If outside city or town limits, write RURAL and give nearest town) Street No. Dudensh Road
Frederick Road	(If rural, give LOCATION)
How long in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME Emma amelia	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Tuarred	MEDICAL CERTIFICATION 20. DATE OF DEATH 20. DATE OF DEATH 20. DATE OF DEATH 20. DATE OF DEATH
6.(b) Name of husband or wife Watter J Green	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Oct. 2, 1888	and that I last saw h alive on 19
8. AGE: Years Months Days If less than one day 58 7 17	Coronay Ocelusion and
9. Birlhplace Laurel md (Town, county, and state)	Due to
10. Usual occupation. Ct. Lond	Due to
11. Industry or business	Other conditions
12. Name	
14. Maiden name Retty stanton 15. Birthplace wd	(Include pregnancy within 3 months of death) Major findings of operations
15. Birthplace Wd	Date of op
16. Informant Walter & Seew	Autepsy results
17. Burial, cremation, or removal, Which?) Oale thereof 5-21-47. (Burial, cremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory slavey Itel	(City or town) (County) (State)
Location Laurel my	Injured at home, farm, Industry, public place (where?)
18. Funeral director. 70 Meg whothow	Means of Injury Jajured at work?
Address Ellest City med	23 SIGNATURE August a que

Registrar



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04121

CERTIFICATE OF DEATH

Reg. Diat. No. / 9 /

r. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) 0 (For newborn Infants give residence of	F DECEASED:	
county 2 Laward	State manyland co	· Werward	
(If outside city or town limits, write RURAL and give nearest town)	" Eller ATT Pol.		
How long in above place of death?	(If outside city or town limit	s, wrise RURAL and give nearest town)	
Hospital, Institution, or street address where death occurred:	Street No. Tello ane		
	(If rural, give	LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	N. Committee of the com	3. (b) Social Security Number	
Joseph Grimes		213-12-2624	
4. Sex 5. Pofor or race 6.(a) Single, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
m C. married	20. DATE OF DEATH. May	12 1947 at 1A	
6.(6) Name of husband or wife Alvertu Granes	21. I CERTIFY that death occurred on the date ab	ove stated; that Lattended deceased from	
6.(c) If alive, give age		47, to way 12 1947	
T. Birth date of	and that I last saw halive on	lang 12 19 47	
deceased (mo., day, yr.) May 1, 1902	Immediate ause of death	DURATION	
8. AGE: Years Months Days It less than one day	Gestre Hemm	hope ante	
460 12hrsmin.	due to ulcer of ottomac	le probable I'm	
Court P. T. Well		ha also	
9. Birthplace Cliff (Town, count, and state)	Due to	•••••••	
10. Usual occupation Caliner.			
0 10 10 1	Due to		
11. Industry or business Major Doy Myg.		***************************************	
H 12. Name Chao Srusse	Other conditions		
13. Birthplace Wy'	(Include pregnancy within 3		
	(Include pregnancy within 3	months of death)	
HE 14. Malden name Clara Rlossey 15. Birthplace Mel	Major findings of operations		
El 15. Birthplace		Date of op	
16. Informant alverta Truss	Autopsy results		
and the pt so 1	PHYSICIAN: Please underline the cause to w	hich death should be charged statistically.	
Address Ellewy aly med.	22. VIOLENCE: If death was due to external ca	uses, fill in the following;	
11. Burial Date thereof (month) (day) (year)	Accident, suicide, or homicide	Date of	
dilla lead) (lad)	Where did injury occur?(City or town)		
Cemetery or crematory			
Location Calouserelle med.	Injured at home, farm, Industry, public place (where?)	
TO NI WE THOUSE	Meane of Injury	Injured at work?	
18. Funeral director	6 . 1		
Address Ellicate City my	23. SIGNATURE	a unan. hus	
D. 15 49 8 P P	25. SIGNATURE.	M. D. or other	
19. May 15. 19 47 Thur 03 Long haves. (Date rec'd by registrar)	Address Clu Cest Co	7 Cucl Date signed 5/13/47	

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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1. PLACE OF DEA				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
	ty or town. RURAL - ELLICOTT CITY (If outside city or town limits, write RURAL and give nearest town)			State MARYLAND County Oallo	
				City or town SPARROWS POINT 19 (If outside city or town limits, write RURAL and give n	MD
How tong in above place Hospital, institution, or	of death? SINCE	looth occurre	1 - 1991		eareat town)
PINEL (CLINIC -	ELLIC	OTT CITY	Street No. 815 F. STREET	
			-11 - 1947	2.(a) If veteran, name war	
3. (a) FULL NAME	7 -			3. (b) Social Securit	y Number
	JAI	ME	SHANN	A 215-100-	-388
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL CERTIFICATION	
MALE	WHITE	S	INGLE	20. DATE OF DEATH. MAY 19 19.5.2	10 15A H
				21. I CERTIFY that death occurred on the date above stated; that I attended de	
6.(b) Name of husband	or wife		••••••	APRIL 21 19 47 to MAY	
7. Birth date of			c) tf allve, give ageyears	and that I tast saw h. i.m. alive on MAY 19 a	10 - 2
deceased (mo., day, y	March ?	21, 18	93	Immediate cause of death	
8. AGE: Years	Wonths	Days	If less than one day	CEREBRAL HEMORRHA GE	
54					
9. Birthplace	Baltimore,	Md.	state)	Due to	***************************************
1D. Usual occupation	Rethleher		l Corp.	Due to	****
	John Hanna			Dther conditions HYPOSTATIC	4 DAYS
12. Name	Scotlar	nd	***************************************	PNEUMONIA	•••
	Fligsboth	ido Proj	20	(Include pregnancy within 3 months of death)	
14. Malden name 15. Birthplace	Elizabeth		<u>ae</u>	Major fludings of operations	*******************************
15. Birthplace	Scotlar	nd		Date of op	
16. Informant MR.	J. B. MC	CAR	DELL	Autopsy results	
			WS POINT	PHYSICIAN: Please nuderline the cause to which death should be charge	d statistically.
P.	າກາເຄີ			22. VIOLENCE: tf death was due to external causes, fill in the following;	
17(Burial, cremation,	or removal. Which?)	Date ther	eof	Accident, suicide, or homicide Date of	
	Oak Lawr			Where did injury occur?	(State)
E	astern Ave.			tnjured at home, farm, Industry, public place (where?)	(Deate)
Location	Charles E.			Means of Injury Injured at work?	
18. Funeral director		OCTITUE	C.101	risens of injury injured at workt	
Address 260	01-03 E. Ma	adison	Street	22 SIGNATURE Helmont Pracer	- 4.0
(6	-1 (6.	2/	Her Stato	М. D	, or other
19. (Date rec'd by res	19	1 0	Registrar	Micross Ellicott City Md Date signer	5/19/47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The construction is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Mary County Frank
City or town. (If outside city or town limits, write RURAL and give nearest town)	E Wingth With
How long in above place of death?	(1f outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death accurred:	Street No Fishelick Rd. A Standard Sand
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Kase Hekding	none,
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Single	20. DATE OF DEATH 21/201/12, 18#7, at 11/45 PM
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	5-9 1047, 10 5-10 1847
7. Birth date of	and that I last saw h.e.z. alive on 5-10 19.47
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Days If less than one day	Coronary Thronbrais 24 hours.
83 4 14min.	
9. Birthplace (Town, county and state)	Due to
10. Usual occupation.	
	Due to
11. Industry or business	
12. Name	Other conditions
14. Maiden name Deposit the Delica application	(Include pregnancy within 3 months of death)
	Major findings of operations.
15. Birthplace	Date of op
16. Informant 1 1 1 2 1 1 Cl S D as 1 1 1 Cl S	Antopsy results
Address 6 1 West Peter Stal	PHYSICIAN: Please underline the cause to which death should be charged statistically.
But al marrie 1947	22. VIOLENCE: If death was due to external causes, till in the following;
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory for following the state of the stat	Where did injury occur?
Location Relief Flaceles ich Rd Balto Sus	Injured at home, farm, Industry, public place (where?)
For the state of	Means of Injury Injured at work?
19. Funeral director	2 1011
Address Ellicatt City Ilpd.	Thomas E. Benefich mg
Quan 12 147 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	23. SIGNATURE M. D. or other
(Date rec'dley registrar)	Address Elliwith Oiles, med Bate signed 5-12-4



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WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

041745

CERTIFICAT	E OF DEATH Reg.	Diat. No.
1. PLACE OF DEATH: County City or town. (If outside eity or town limits write RURAL and give nearest town) How long in above place of death? Hospilal, institution, or street address where death occurred: How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASEI (For rewborn infants give residence of mother) Slate	o: lawark Mal Lynd give nyarest town) Dad
3. (a) FULL NAME	3 (b) So	cial Security Number
ada Bell Huddleston		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICA	ATION
7 W Mirorred	20. DATE OF DEATH May 2 F	19 47 at PP.
6,(b) Name of husband or wife	21. I CERIFY that death occurred on the date above stated; that 21. I CERIFY that death occurred on the date above stated; that 21. I CERIFY that death occurred on the date above stated; that 21. I CERIFY that death occurred on the date above stated; that 21. I CERIFY that death occurred on the date above stated; that 21. I CERIFY that death occurred on the date above stated; that 21. I CERIFY that death occurred on the date above stated; that 22. I CERIFY that death occurred on the date above stated; that 23. I CERIFY that death occurred on the date above stated; that 24. I CERIFY that death occurred on the date above stated; that 25. I CERIFY that death occurred on the date above stated; that 26. I CERIFY that death occurred on the date above stated; that 27. I CERIFY that death occurred on the date above stated; that 28. I CERIFY that death occurred on the date above stated; that 29. I CERIFY that death occurred on the date above stated; that 29. I CERIFY that death occurred on the date above stated; that 29. I CERIFY that death occurred on the date above stated; that 29. I CERIFY that death occurred on the date above stated; that 29. I CERIFY that death occurred on the date above stated; that 29. I CERIFY that death occurred on the date above stated; that 29. I CERIFY that death occurred on the date above stated on the date a	
deceased (mo., day, yr.) (May 7, 1883	Immediate cause of death	DURATION
8. AGE: Years Monthe Days It less than one dayhrsmin.	auto myses the	1 day
9. Birthplace (Town, county, and state)	Due to	
10. Usual occupation Aprisewife	Due to	
11. Industry or business Industry or business Industry Indu	Diher conditions	
13. Birthplace UNKnown 14. Maiden name UNKnown 15. Birthplace	(Include pregnancy within 3 months of dear	th)
E n	Major findings of operations	
15. Birthplace	D	
16. Informant all girls from	Antopsy results	uld be charged statistically.
Address 17. Barrial (Burial, eremation, or removal. Which?) Date thereof Man 31, 1947 (Burial, eremation, or removal. Which?)	22. VIOLENCE: It death was due to external causee, "I in the Accident, euicide, or homicide	following: Date of
Cemelery or crematory	Where did Injury occur?(City or town) (C	
Location Location Scaggs YII/e,	Meane of injury Injury	ed at work?
18. Funeral director. CON M Llonal Son		
Addrese Laurel, Man.	23. SIGNATURE SLAT DAG.	my to be
5 30 47 Manh The Bistrar B. Rejistrar	46 mon It Town In	M. D. or other

Huddleston

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JUN 3 1947

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1860

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County HOWARD	State MARYLAND County BALTO CITY		
City or town RURAL _ ELLICOTT CITY (If outside city or town limits, write RURAL and give nearest town)			
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 3 MONT HS 15 DAYS	City or town. B. H. TIMORE CITY (If outside city or town limits, write RURAL and give nearest town)		
Hospilal, Institution, or street address where death occurred:	Street No. 700 NORTH ROSE STREET		
PINEL CLINIC	(If roral, give LOCATION)		
How long in hospital or institution? 3 MONTHS 15DAYS	2.(a) It veteran, name war.		
3. (a) FULL NAME	3. (b) Social Security Number		
ANNA LIDT	TMAN		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
FEMALE WHITE SINGLE			
FLMALL WHILL SINGLE	20. DATE OF DEATH MAY 3 19 47 at 8 50 PM		
6.(6) Name of husband or wife	21, I CERTIFY that death occurred on the date above stated; that I attended deceased from		
	FEBRUARY 18" 18 47 10 MAY 3" 1847		
7. Birth date of	and that I last saw h. E.i. alive on MAY 3 1		
deceased (mo., day, yr.) MONTH + DAY NOT KNOWN 18 13 8. AGE: Years Months Days It less than one day	Immediate cause of death		
2 2	MYOCARDIAL JNFARCT 28 HOUR		
nrs. min.			
9. Birthplace GERMANY	Due to GENERALIZED		
(20wa, county, and state)	ARTERIOSCLEROSIS 3 YEARS		
1D. Usual occupation.	Due to		
11. Industry or business Whater			
12. Name Sont Know	Other conditions FRACTURE OF NECE 43 DAYS		
₹ 13. Birthplace Dermany	OF LEFT FEMUR		
14. Maiden name Dont Jenon	(Include pregnancy within 3 months of death)		
14. Maiden name Sout Russ 15. Birthplace Sessinary	Major findings of operations		
	Oate of op.		
16. Interment GODFREY STEINER	Autopsy results		
Address 5404 HAMLET AVE BALTO	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
	22. VIOLENCE: It death was due to external causes, fill in the following;		
(Burial, cremation, or removal. Whith?) (morth) (day) (year)	Accident, suicide, or homicide accadenatal pass. Daie of Ashamay 20 1947		
Cemetery or crematory askert & Com	Where did injury occur? Canada Clamas Collect Cataland (State)		
Russel	Injured at home, tarm, Industry, public place (where?)		
Location / Control / Contr	Meens of injury Injured at work?		
18. Funeral director Lellrich Funeral House			
Address 2008 Osleans Or	Holmut Janes M. D		
5/1. Va Al, 1661.	723. SIGNATURE M. D. or other		
19. Paristran	Address Ellicott City Md Bate signed 5/3/47		

(H)MARGIN RESERVED FOR BINDING

VS A15 9.45-15M

OF DEATH

930

USUAL RESIDENCE (HOME) OF DECEASED:
(For newhorn infants give residence of mother)

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M. D. or other

Reg. Dist. No. 2, 74

or town. (1) outside city or town limits, write RURAL and give hearest town) long in above place of death? (ital, institution, or street address where death occurred: long in hospital or institution? (a) FULL NAME (b) Name of husband or wife (c) Name (c) If alive, give age years (c) Name (c) Na		CERTIFICAT
or town. A (19 outside city or town limits, write RURAL and give nearest town) long in above place of death? A (19 outside city or town limits, write RURAL and give nearest town) long in hospital or institution? (a) FULL NAME (b) Name of husband or wife. (a) Single, married, wildowed, or Avorced (b) Name of husband or wife. (c) If alive, give age. (c) years with date of ceased (no., day, yr.) AGE: Years (Months Days If less than one day (Town, county, and state) Usual occupation. (Town, county, and state)	PLACE OF DEATH:	
long in above place of death? Society Soc		
long in above place of death? Italian Institution, or street address where death occurred:	or town	mits, write RURAL and give nearest town)
ital, Institution, or street address where death occurred: Institution Institutio	long in shove place of death? 3 4	s' 6 months
a) FULL NAME State State	pital, institution, or street address where	death occurred:
a) FULL NAME State State		
Name of husband or wife Solor or race B.(a)Single, married, wildowed, or divorced	v long to hospital or institution?	
Name of husband or wife Society	(a) FULL NAME	•
Name of husband or wife Society	(/2	man-1
Name of husband or wife See	Sex 5. Color or race	6.(a)Single, married, wildowed, or proceed
irth dalo of secased (mo., day, yr.) AGE: Years Months Days If less than one day Common	m & 4.1	0.01
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irth dalo of secased (mo., day, yr.) AGE: Years Months Days If less than one day Common	TABLE - 16 A. Sand on mile	
irth dalo of seeased (mo., day, yr.) AGE: Years Months Day's If less than one day AGE: Years Months Day's If less than one day The seeased (mo., day, yr.) Birthplace Usual occupation. Burland		
AGE: Years Months Days If less than one day Company Months Days If less than one day	Birth dalo of	
Birthplace Buffle (Town, county, and state) Usual occupation Buffle (Town, county, and state) 12. Hame 13. Birthplace 14. Maiden name 15. Birthplace Informant Man Additional Date thereof May (July		28,18/1
Birthplace	AGE: Years / Months	Days If less than one day
Usual occupation. Budgesself. 12. Hame	76 3	hrs. min.
tindustry or business 12. Hame 13. Birthplace 14. Maiden name 15. Birthplace Informant Make Additional Date thereof Burlal, cremation, or remoyal, Which?) Cemetery or crematory Cocation Funeral director Cocation Funeral director Cocation Make Additional Date thereof Make Additional Cocation Funeral director Cocation Make Additional Cocation Make Addition Make Additional Cocation Make Additional Cocation Make Addition Make Additional Cocation Make Addition Make Addition Make Addition Make Addition Make Addition Make Addition Make	(Town,	county, and state)
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14. Malden name 15. Birthplace Informant MAN Additional Manual		
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Informant MAN Address Market Laville, Man Bate thereof May (1944) Burlal, cremation, or removal, Which?) Temetery or crematory of Address Funeral director. C. Thurthy William Address Market Laville Address Market Laville Market Laville Middress Market Laville Middress Market Laville Mar	14. Malden name	
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Burlal, cremation, or removal, Which?) Burlal, cremation, or removal, Which?) Cemetery or crematory of the state of the	Address Marrio	ttsville, ma
Burlal, cremation, or removal. Which?) The semetery or crematory of the sementary field for the semen	Buil	m 10119
cemetery or crematory of principal distribution ocation of the control of the con	(Burlal, cremation, or removal, Which?)	(month) (day) (year)
Funeral director Co. Harrille, Mills and States and Sta	Nh.	0. // 4
Funeral director Co. Harry Weller and Address Angelescolle, Med.	O A No	and I
iddress Syphesicalle, and	Location Complete College	- g. f. l. than
iddress Syphesicalle, and	3. Funeral director	my Ween
m I'm pixt - y lead	-01	1 Me und
May 5 19 HT C. Harry Week	Audress Gyme	service, free
(Dots red) by recistrar) Registrar	May 5 19 H	C. Harry Well

y or town	s, write RURAL and give nesrest t	own)
reet No. Massially (If rural, give	LOCATION)	
(α) It veteran, name war	***************************************	
	3. (b) Social Security Num	ber
	ERTIFICATION 18.4.7.21	7 a ,
I CERTIFY that death occurred on the date about 19.	ove stated: that I attended deceased for	rom
mediate cause of death		DURATION
Carlo Vasque	a diasa	
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to		

er conditions		*****************
(Include pregnancy within \$		
jor findings of operations		
	Date of op	
	***************************************	tically.
topsy results	hich death should be charged statis	tically.
topsy results	which death should be charged statis	tically.
itopsy results.	thich death should be charged statis uses, fill in the tollowing;	
topsy results	which death should be charged statis uses, fill in the tottowlog; Oate ot (County) (State	

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ADING INK. Supply every item of information carefully. The correct Physicians: please write the causes of death clearly and legibly.

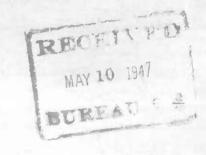
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WRITE PLAINLY, WITH UNF is especially important.

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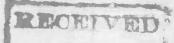
Reg. Dist. No. 191

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

2411 N. Char CERTIFICA	les St., Baltimore TF. OF DEATH
1. PLACE OF DEATH:	2. USUAL RESIDENCE
ounty Daward	State md
(If outside city r town limits, write RURAL and give nearest town)	
low long in above place of death?	City or town(If outside c
Hospital, Institution, or street address where death occurred:	Street No.
How long to hospital or tostitution?	2.(a) If veteran, name war
3. (a) FULL NAME	ls:
Jusiph J. M.	Luney
4. Sex 5. Color or race 8.(a) Single, marries, widowed, or divorced	Q-W
m w m p3	20. DATE OF DEATH
	DA T OFFICE IL I I I I I
8.(b) Name of husband or wife	5-1
6.(c) If alive, give ageyear	
7. Birth date of deceased (mo., day, yr.) Jaw. 7, 1901	and that I last saw h. //?
8. AGE: Years Months Days I fless than one day	Immediate cause of death
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2 11: 54	
9. Birthpiace (Town, county, and state)	. Due fo
· Les b	***************************************
10 100	Due to
ff. Industry or business	
12. Name James H m C Dwney 13. Birthplace mass.	Other conditions
13. Birthplace mass.	(Include pre
14. Maiden name Ellew Mealey 15. Birthplace Maso	
Distribution management of the contract of the	Major findings of operations.
\$ 15. Birthplace Moso	
16. Interment Jeeo. P mahoney.	Autopsy results
Address Brookline, Fred Miss.	PHYSICIAN: Please underlie
	22. VIOLENCE: If death was
17. Burial, cremation, or removal, Which?) Date thereof. 5-4-7 (month) (day) (year)	Accident, suicide, or homicide.
Gemetery or crematory O Yoly Hood	Where did injury occur?
Bharlet Dage	Interest of home form Industr
Location Drottelluse Tues:	Injured at home, farm, Industr
18. Funeral director T. C. Mig inbothom	Means of injury
Address Ellie ptt City med	6
O D O D	23. SIGNATURE
19. May 13, 19 47 Shum B. Lang huger	LE CO
(Date ree'll by registrar) Pur, B. 6/ Registra	Address

(For newborn infants give residence of r	nother)
	e, write RURAL and give nearest town)
Street No(If rural, give	
2.(a) If veteran, name war	
es, in a sur	3. (b) Social Security Number
CAMEDICAL CE	ERTIFICATION
V	
	19 47 at 11 1.
21. I CERTIFY that death occurred on the date abo	ve stated; that I alfended deceased from H, to 5-10 19 H, w dato 19
and that I last saw halive on	<u> </u>
Immediate cause of death according to	clusion 4 homs
Due fo.	
Due to	
••••••	
Other conditions	
(Include pregnancy within 3 n	
Major findings of operations	
	Date of op.
Autopsy results	ich death should he charged statistically.
22. VIOLENCE: If death was due to external cau	ses, fill in the following:
Accident, suicide, or homicide	Date of
Where did injury occur?(City or town)	(County) (State)
Injured at home, farm, industry, public place (wi	nere?)



MAY 20 1947

BUREAU 1 8

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 130 2. USUAL RESIDENCE OF DECEASED: (b) County. (b) Street address Hardman (If outside city or town limits, write RURAL and give town) (d) Street No. 80/ (If rural give ocation) (d) Length of stay in hospital or inst. (yrs., mos., or days). (e) Citizen of foreign country? (Yes or No) (e) Length of stay in Baltimore (yrs., mos., or days)..... If yes, name country..... MEDICAL CERTIFICATION 3 (c) Social Security Account 20. DATE OF DEATH. 6 (a) Single, married, widowed, or 21. I certify that I took charge of the remains described above, held an divorced. autoray thereon and from the evidence obtained Autopsy, Inspection or Anquiry by said Autopsy, Aspection or Inquiry, find that said deceased came 6 (c) If alive, give age 1902 Oct, 7. Birth date of deceased (mo., day, yr.) to death on the day stated above, and death in my If less than one day opinion resulted from: natural causes , accident , suicide , Days homicide [], undetermined [] and that the causes of death were:hr. IMMEDIATE CAUSE OF DEATH. Baltimore (Town, county, and state) Other Conditions

	Industry or business	Advertising Salesman
FATHER	12. Name	Joseph Rice
FAT	13. Birthplace	Russia
MOTHER	14. Maiden Name	Lena Gallun
MO	15. Birthplace	Russia
	Mr	Morton Robinsom

		Burial		May	27,	19	(a) Date of injuryat.
	(b)	Address 801	Newington	Ave			death, fill in the following:
16	(a)	Informant	HO1 0011 02				22. If an external cause was primary Vor contributing

7	(a) Date thereof
	(Burial, cremation, or removal) Mishkin Israel Con
	Mishkin Israel Con
	(c) Cemetery or crematory
	Location
	Sol Levinson & Bros

18 (a)	Funeral	1124-1126	707	***	A
(7.)		1124-1126	AA	MOI. PU	WAG

(Date rec'd by registrar)

(d) Means of injury.... 23. Signature Medical Examiner Date signed

(b) Where did injury occur?.

place?...

(Include pregnancy within 3 months of death)

22. If an external cause was primary for contributing acuse of

(c) Did injury occur at home on farm, industrial place, in public

While at work?

VS 151

1. PLACE OF DEATH:

3 (a) FULL NAME

4. Sex

8. AGE:

3 (b) If veteran, name war

Years

9. Birthplace.....

10 Haust Occupation

6 (b) Name of husband or wife

5. Color or race

Months

(a) Baltimore City, Maryland

(c) Hospital or institution:

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

8300

Reg. Dist. No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County HOWARD	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
RUPAL FILICOTT CITY	State MARYLAND County BALTIMORE
City or town. RURAL ELLICOTT CITY (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? SINCE APRIL 23 1947	City or town
How long in above place of death? SINCE APRIL 23 1941. Hospital, Institution, or street address where death occurred:	
PINEL CLINIC - ELLICOTT CITY, MD.	Street No. OLD. HAR FORD. RD
How long In hospital or Institution? SINCE APRIL 234 1947	2.(a) If veleran, name war.
3. (a) FULL NAME	3.(b) Social Security Number
JACOB RYE	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
MALE WHITE MARRIED	20. DATE OF DEATH. MAY 13 " 19.47 at 8 15 PM
6.(b) Name of husband or wife Exmstena H. Py	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from GPRIL 23 14 19.47, to MAY 13 19.47
7. Birth date of	and that I last saw h.C.M. alive on M.A.Y. 134 1942
deceased (mo., day, yr.) OCTOBER 1 1818	Immediate cause of death
8. AGE: Years Months Days If less than one day 13	CEREBRAL HEMORAHAGE 3 HOURS
Rolta Ca Md	Due to GENERALIZED
9. Birthplace Balto Co. Md. (Town, county, and state)	ARTERIO SCLEROSIS
10. Usual occupation FARMER	
11. Industry or business	Due to
	Diher conditions
12. Name Geo. Kyx 13. Birthplace German T	
	(Include pregnancy within 3 months of death)
14. Malden name. A. M. M. C. Class 15. Birthplace Germany	Major fiadings of operations.
	Date of op.
16. Informant GEORGE L RYE	Autopsy results
Address LOCH RAVEN MD.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following;
17B. 2 / 6/4 9 Date thereof	Accident, suicide, or homicide
Cemetery or crematory Partiuood	Where did injury occur?
Location Ba 1 to Md.	Injured at home, farm, Industry, public place (where?)
2 1 2 11	Means of Injury Injured at work?
18. Funeral director	
Address 7401 Belan Rd. Balty 6 kml	23 SIGNATURE Hehmut Trager M.D
10 may 14 19 47 a. W. Kedrich	M. D. or other
(Date rec'd by registrar) Registrar	Address Ellicott City Md Date signed 3/13/47

2411 N. Chartes Permit 2411 N. Charles St., Baltimore

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Reg.	Diat. No.	1	9	8

CERTIFICATE OF DEATH

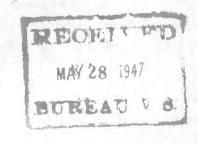
1. PLACE OF DEATH: A HOWARD	2. USUAL RESIDENCE (HOME) OF DECEASED: Howard
City or town. If outside city or town limits, write RURAL and give nearest town)	State. It sught county to the state of the s
	City or lown(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	Cit oftende city of town mile, while worked and give hearest with
nospital, institution, or silver address there desired accounts	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color of race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F W Widamed	20. DATE OF DEATH 200 20 1547 21 4'66 A M
(de a shorthernes)	21. I CERTIFY that death occurred on the date above slaled; that I attended deceased from
6,(b) Name of husband or wife	afst 20 1829 10 may 26 19.47
	and that I last saw ham alive on Tray 20 1947
7, Birth date of deceased (mo., day, yr.) July 16, 1869	Immediate cause of death
8. AGE: Years Months Days Itiess than one day	and the second s
78 3 10hrsmin.	Cum mylland
11.11801	00 22 - 17 10 10
9. Birihplace (Town, county, and atate)	Due to le Maldania
10. Usual occupation.	Bue to
11. industry or business Name	DUG IV
12. Name Angel 13. Birthplace Cas Alank	Other conditions
13. Birthplace Cagland	(Include pregnancy within 3 months of death)
14. Malden name	Major fiediogs of operations
E 15. Birthplace (Ingland	Date of op.
16. Informant March Cline Redmiles	Autopsy results
1 1 12 1	PHYSICIAN: Please noderline the cause to which death should be charged statistically.
	22. VIOLENCE: It death was due to external causes, "I in the following:
(Burial gramation or removal Which?) (Burial gramation or removal Which?)	Accident, suicide, or homicide
(Burial, Clemann, or Tame)	Where did Injury occur?
Cemetery or crematory. Any fill Cemeling	Where did Injury occur?
Location of annuals thankand	Injured at home, tarm, industry, public place (where?)
10. 4 11.010	Massas of Injury Injured at work?
18. Funeral director	11-124
Address Jamel Manyland	23 SIGNATURE What of a Corney
1 5/23/47 mank Shigley	23. SIGNATURE M. D. or other
(Date rec'd by registrar) Registrar	Address. Date signed.

MARGIN RESERVED FOR BINDING

UNFADING INK. Supply every item of information carefully. The correct age cant. Physicians: please write the causes of death clearly and legibly.

VS A15

PLEASE WRITE PLAINLY, WITH UNF is especially important.



2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

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CERTIFICA	ATE OF DEATH Reg. Dist. No.
1. PLACE OF, DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Howard	(For newborn infants give residence of mother)
	State County County
(If outside city or town limits, write RURAL and give nearest town)	City or town.
How long In above place of death?	(If outside city or town limits, write RURAL and give nearest town)
lospital, institution, or street address where death pocurred:	Street No.
***************************************	(If rural, give LOCATION)
low long in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
arthur Tilden Wo	lfanden 217-01-1644
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male white married	20. DATE DE DEATH MAY 15 1947, 216 45 M
5.(b) Name of husband or wife Lessan a Wolfen	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
V. n.	May 1 1947 10 may 15 19 97
7. Birth date of	and that I last saw h
deceased (mo., day, yr.) Quy 23 1876	and that I have been all the same of the s
3. AGE: Years Months Days If less than one day	
70 0 22	action (de
10 8hrsm	Color Mys condition
3. Birthpiace July ford Howard 6 1	Due to.
(Town, coupty, and state)	" Oceral Orteria - 3 m
0. Usual occupation 1200 1 Realle	1-0
Tripunged sign of B	Due to Thomas
11. Industry or business	
12. Name	Other conditions
12. Name 13. Birthparce	
	(Include pregnancy within 3 months of death)
14. Maiden name Dunck Handle 15. Birthplace Value	Major findings of operations.
15. Birthplace Zulaner	Date of op.
1. 8 - 201 00. 1	
16. informant	Antopsy results
Address Hannes Wol,	
B	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burlal, cremation, or removal, Which?) Date thereof. May 17, 1947 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or creating. Western	Where did injury occur?
	Injured at home, farm, Industry, public place (where?)
Location Baltimore, Md.	
18. Funeral director & Howard Strong	Means of Injury Injured at work?
Address 3207 W. North Ave.	BOIL THE OWNER
A A A	33. SIGNATURE M. D. or other
19 5 13 19 42 Turn	3607
(D. A. a. a. (L. A. a. a. (L. A. a. a. (L. A.	Viet hangie atom and a combite it and

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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